

Montgomery County Department of Liquor Control	<b>NEW ITEM LISTING REQUEST</b> LIST ONE SIZE PER FORM Email: <a href="mailto:Product.Listing@montgomerycountymd.gov">Product.Listing@montgomerycountymd.gov</a>	Product Management Committee
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*If you are a new vendor, please complete the New Vendor Information Form.*

Date:

**SECTION I - PRESENTATION DATA**

New Item Presentation <input type="checkbox"/>	Size Extension <input type="checkbox"/>	Line (brand extension) <input type="checkbox"/>
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**SECTION II - CATEGORY/ITEM DATA**

Product Name:

Market Category:

Price Point Target:

Competitive Markets Sales (case sales; please note time period)

Virginia:	Maryland:	Currently listed as Special Order in MoCo?:
Nationally:	DC:	If yes, list existing code:

**SECTION III - MARKET SUPPORT (Please use more paper if you need to.)**

**ADVERTISING - Attach TV, Radio, National or Local Print or Other advertising, noting time periods advertising will run.**

**SECTION IV - CURRENT CUSTOMERS**

Is this item currently being purchased by any licensees (on a wine list, for example)? ☐ Yes ☐ No

If so, please Attach the list of the accounts, and the number of cases purchased in the last year:

**SECTION V - PRICING PROMOTIONAL SUPPORT DETAILS**

Please Attach a list of any Depletion Allowances or S.P.A. amounts that will be provided, and how many times per year:

**SECTION VI - PRODUCT PACKING AND SHIPPING INFORMATION (Fill In all Spaces)**

SIZE: (Please list one size per form)		Cases per Tier:		Cases per Pallet:		CASE PRICE:
FOB Point:						STATE TAX:
Bottles per Case:						FREIGHT:
Bottle UPC Code:						LAID IN:

**SECTION VIII - VENDOR DATA**

Vendor of Record for the Product:	VENDOR NUMBER:
Company Submitting the Listing Request:	
Product Contact:	
Tele:	email:

*Signature of Authorized Official:*

Date:

Please do not write below this line - for use by Montgomery County Department of Liquor Control

Committee Recommendation:

List as: ☐ ST ☐ SC ☐ HO ☐ Other Initial Order Quantity?

☐ Do not list at this time

CO-CHAIR	Date:
CO-CHAIR	Date:

Final Decision: <input type="checkbox"/> Agree	Notes:
<input type="checkbox"/> Do not agree	

DIRECTOR	Date:
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